



December, 2010

Texas Emissions Reduction Plan

Reimbursement Forms

Table of Contents:

Instructions for Requesting Reimbursement

Request for Reimbursement (Form 1)

AP-152 Form (Use for Payment Assignment)

Replacement (Form 2a)

Repower (Form 2b)

Texas Commission on Environmental Quality
Texas Emissions Reduction Plan (TERP)

INSTRUCTIONS FOR REQUESTING REIMBURSEMENT ON YOUR GRANT

Use the attached forms to request reimbursement for eligible expenses. Before filing a Request for Reimbursement, you must have completed at least one grant Activity in the Contract. You must have paid the project expenses unless you are asking the TCEQ to make the payment directly to the company that supplied the equipment/services or to the financing company that paid for them. You must submit documentation of the expenses with your request. The documentation requirements are located in your Contract in the General Conditions Request for Reimbursement section. The same person who signed the contract must sign the Request for Reimbursement Form, or a person so authorized on page 4 of the original application. The forms submitted must contain original signatures.

HOW TO SUBMIT A REQUEST FOR REIMBURSEMENT

1) Fill out Form 1 - Request for Reimbursement

- A. PAYMENTS TO YOU:** If you paid for the project costs from your own business, then payment may go directly to you. On Form 1 you will complete ONLY Boxes 1, 2, 3, and 5. In Box 2 - put the requested payment amount in the first box and the total amount of your Contract for all Activities in the next box. You must sign the Certification Statement on the form. If this is a **final request**, then sign the Release of Claims section.
- B. PAYMENTS TO VENDOR OR FINANCE COMPANY (Assignments):** If you want the payment to go directly to the vendor or financing company, then you must complete all the information requested on Form 1. In Box 2 - put the requested payment amount in the first box and the total amount of your Contract for all Activities in the next box. Complete Boxes 3, 5 and 7. A representative of the company you want the payment to go to must complete Boxes 4 and 6. Both of you complete and sign the Notice of Assignment section. You must sign the Certification Statement on the form. If this is a final request, sign the Release of Claims section too. You must complete the Form AP-152 too. (**Note:** You may use payment assignments with short-term or long-term regular financing arrangements. You may not use payment assignments to pre-pay leasing arrangements.)

2) Fill out a Detailed Expense Summary Form for each Activity that you are requesting a payment for. Use this form to calculate the payment you are eligible to receive for the activity.

There is a Detailed Expense Summary Form for each type of Activity (i.e., Form 2c Retrofit, Form 2d New Purchase, etc.). Each form requires an Activity number. The Activity numbers are in your Contract on the Approved Application Summary page.

Fill out the Detail Expense Summary for each activity using the instructions on the form. Sample forms are included for reference. Attach the required documentation behind each form. REMEMBER - WE CANNOT PROCESS A PAYMENT UNTIL YOU HAVE SUBMITTED ALL THE REQUIRED DOCUMENTATION.

3) Mail the completed forms and the required documentation to the address below. Forms must have original signatures where required.

MAILING INSTRUCTIONS

It is VERY IMPORTANT that all of the information listed below be included on your mailing label to ensure the Request goes to the correct office.

Mail or deliver the request to:

Standard Mail

Texas Commission on Environmental Quality
Air Quality Division
Implementation Grants Section, MC-204
P.O. Box 13087
Austin, TX 78711-3087

Express Delivery

Texas Commission on Environmental Quality
Air Quality Division
Implementation Grants Section, MC-204
12100 Park 35 Circle
Austin, TX 78753

FORM 1: Request for Reimbursement

Form 20444 (Revised 12-01-10)

SAMPLE FORM 1: Request for Reimbursement

APPLICATION FOR TEXAS IDENTIFICATION NUMBER

• See instructions on back

For Comptroller's use only

1. Is this a new account? ☐ YES Mail Code 000 ☐ NO Enter Mail Code _____ Agency number _____
 Complete Sections 1 - 5 Complete Sections 1, 2 & 5

SECTION 1

2. **TEXAS IDENTIFICATION NUMBER (TIN)** - Indicate the type of number you are providing to be used for your TIN

- ☐ 1 - Employer Identification Number (EIN)
☐ 2 - Social Security number (SSN)
☐ 3 - Comptroller's assigned number (FOR STATE AGENCY USE ONLY)

Enter the number indicated

3. Are you currently reporting any Texas tax to the Comptroller's office such as sales tax or franchise tax?

- ☐ YES ☐ NO If "YES," enter Texas Taxpayer Number _____

SECTION 2

PAYEE INFORMATION (Please type or print)

4. Name of payee (Individual or business to be paid)

5. Mailing address where you want to receive payments

6. (Optional)

7. (Optional)

8. (Optional)

9. City _____ State _____ ZIP Code _____

10. Payee telephone number (Area code and number) (_____) _____ SIC code _____ Security type code (0, 1, 2) _____ Zone code _____

SECTION 3

11. **OWNERSHIP CODES** - Check only one code by the appropriate ownership type that applies to you or your business.

- ☐ I - Individual Recipient (not owning a business)

- ☐ L - Texas Limited Partnership:
 If checked, enter the Texas File Number _____

- ☐ S - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN)

- ☐ T - Texas Corporation:
 If checked, enter the Texas File Number _____

Owner's name _____
 SSN _____

- ☐ A - Professional Association:
 If checked, enter the Texas File Number _____

- ☐ P - Partnership: If checked, enter two partner's names and Social Security numbers (SSN). If a partner is a corporation, use the corporation's Employer Identification Number (EIN).

- ☐ C - Professional Corporation:
 If checked, enter the Texas File Number _____

Name _____

- ☐ O - Out-of-State Corporation

SSN/EIN _____

- ☐ G - Governmental Entity

Name _____

- ☐ U - State agency / University

SSN/EIN _____

- ☐ F - Financial Institution

- ☐ R - Foreign (out of U.S.A.)

- ☐ N - Other: If checked, explain. _____

SECTION 4

12. **Payment Assignment?** ☐ YES ☐ NO *Note: A copy of the assignment agreement between payees must be attached.*

Assignee name _____

Assignee TIN _____ Assignment date _____

SECTION 5

13. **Comments** _____

sign here

Authorized signature (Applicant or authorized agent)

Date

Agency name

Prepared by

Phone (Area code and number)

15. _____

APPLICATION FOR TEXAS IDENTIFICATION NUMBER

USE THIS FORM IF YOU WANT THE TCEQ TO PAY YOUR VENDOR OR FINANCING COMPANY

	1. Is this a new account?	<input type="checkbox"/> YES Mail Code 000 Complete Sections 1 - 5	<input type="checkbox"/> NO Enter Mail Code _____ Complete Sections 1, 2 & 5	Agency number _____	
SECTION 1	2. TEXAS IDENTIFICATION NUMBER (TIN) - Indicate the type of number you are providing to be used for your TIN				
	<input checked="" type="checkbox"/> 1 - Employer Identification Number (EIN)		<input type="checkbox"/> 2 - Social Security number (SSN) Enter the number indicated		
	<input type="checkbox"/> 3 - Comptroller's assigned number (FOR STATE AGENCY USE ONLY)		<input type="text" value="Grantee's SSN/FEI# (per application)"/>		
	3. Are you currently reporting any Texas tax to the Comptroller's office such as sales tax or franchise tax?				
	<input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," enter Texas Taxpayer Number _____				
SECTION 2	PAYEE INFORMATION (Please type or print)				
	4. Name of payee (Individual or business) <input type="text" value="LEGAL NAME of the BUSINESS RECEIVING PAYMENT"/>				
	5. Mailing address where you want to receive payment <input type="text" value="Assignee for: (GRANTEE'S NAME ON THE CONTRACT)"/>				
	6. (Optional) <input type="text" value="MAILING Address Where Payment Is to be Mailed"/>				
	7. (Optional) _____				
	8. (Optional) _____				
	9. City <input type="text" value="City"/> TX ZIP <input type="text" value="Zip Code"/>				
	10. Payee telephone number (Area code and number) (_____) _____		SIC code _____	Security type code (0, 1, 2) _____	Zone code _____
	11. OWNERSHIP CODES - Check only one code by the appropriate ownership type that applies to you or your business.				
	<input type="checkbox"/> I - Individual Recipient (not owning a business) <input type="checkbox"/> L - Texas Limited Partnership: If checked, enter the Texas File Number _____				
<input type="checkbox"/> S - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN) <input type="checkbox"/> T - Texas Corporation: If checked, enter the Texas File Number _____					
<input type="checkbox"/> P - Partnership: If checked, enter two partner's names and Social Security numbers (SSN). If a partner is a corporation, use the corporation's Employer Identification Number (EIN). <input type="checkbox"/> A - Professional Association: If checked, enter the Texas File Number _____					
<input type="checkbox"/> C - Professional Corporation: If checked, enter the Texas File Number _____					
<input type="checkbox"/> O - Out-of-State Corporation <input type="checkbox"/> G - Governmental Entity					
<input type="checkbox"/> U - State agency / University <input type="checkbox"/> F - Financial Institution					
<input type="checkbox"/> R - Foreign (out of U.S.A.)					
<input type="checkbox"/> N - Other: If checked, explain. _____					
SECTION 4	12. Payment Assignment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Note: A copy of the assignment agreement between payees must be attached.				
	Assignee name <input type="text" value="LEGAL NAME of the BUSINESS RECEIVING PAYMENT"/> Assignee TIN <input type="text" value="FEI # of BUSINESS REC'G PYMT"/> Assignment date <input type="text" value="Date"/>				
SECTION 5	13. Comments _____				
	<input checked="" type="checkbox"/> 14. sign here <input type="text" value="Signed by Grantee (or Authorized Signer in the Contract)"/>		Date <input type="text" value="Date Signed by Grantee"/>		
	Agency name Prepared by Phone (Area code and number)				
	15. _____				

You may complete this form on the computer by going to www.window.state.tx.us/taxinfo/taxforms/ap-152.pdf

NOTE: ONLY THOSE BOXES WITH ENTRIES IN THEM NEED BE COMPLETED

Texas Commission on Environmental Quality
Texas Emissions Reduction Plan (TERP)

FORM 2a: REPLACEMENT ACTIVITY—Detailed Expense Summary

A FORM 2a WILL NEED TO BE COMPLETED FOR EACH ACTIVITY IF THERE ARE MULTIPLE ACTIVITIES				
CONTRACT NUMBER	GRANT RECIPIENT NAME	FINAL REQUEST THIS ACTIVITY		ACTIVITY NUMBER
		Yes	No	
1. APPROVED GRANT AMOUNT FOR THIS ACTIVITY FROM APPLICATION				\$
2. ACTUAL INCREMENTAL COST CALCULATION: (Formula A + B – C = D and D × 0.80 = E)				
A. Capital Cost / Equipment Purchase: <i>Enter the invoiced price (including taxes, registration, and other normal costs, but NOT any interest expense, loan application fees, application assistance costs, or consulting fees).</i>				\$
				(+ ADD)
B. Other / Global Positioning Systems (GPS): Purchase and Installation are optional. <i>Enter the cost to purchase and install the GPS to track and log the location and use of the vehicle. Ongoing operational and maintenance charges may not be included. The GPS unit must have been purchased from the vendor authorized and contracted to the TCEQ.</i>				\$
				(– SUBTRACT)
C. Scrappage value or the value received for the old vehicle or equipment being replaced: <i>The TCEQ will use a default scrap value of \$1,000 for on-road and off-road equipment as stipulated in the contract. Enter \$1,000 in this box.</i>				\$
				(Enter \$1,000.00 in this box)
				(– SUBTRACT)
D. List the value of any other financial assistance to be used for the purchase or lease, and explain in detail: <i>The incremental cost must be reduced by the value of any other financial incentive received, including tax credits or deductions, other grants, or any other public financial assistance.</i>				\$
				(A + B – C – D = E)
E. Incremental Cost (A + B – C – D = E) <i>multiply incremental cost by 80%</i>				\$
				(× 0.80)
F. ELIGIBLE REPLACEMENT PROJECT COSTS FOR THIS ACTIVITY				\$
3. AMOUNT REQUESTED FOR THIS ACTIVITY (enter the lesser amount from Line 1 or Line 2F)				\$
4. DOCUMENTATION—Attach bills of sale, invoices, delivery receipts, proof of payment (canceled checks or wire transfers), executed (signed) lease or financing agreement copies, and UCC1 statements (reference Article 7.9 of the Contract General Conditions for details).				
A PAYMENT CANNOT BE PROCESSED UNTIL YOU HAVE SUBMITTED THE REQUIRED DOCUMENTATION.				
Please check the following documentation items that you are submitting with this request of reimbursement				
<u>Purchase Documentation</u>		<u>Payment Documentation</u>		<u>Financial Documentation</u>
<input type="checkbox"/> Invoice(s)	<input type="checkbox"/>	<input type="checkbox"/> Copies of Canceled Checks	<input type="checkbox"/>	<input type="checkbox"/> Financial Agreement
<input type="checkbox"/> Bill of Sale (Sales Contract)	<input type="checkbox"/>	<input type="checkbox"/> Wire Transfer	<input type="checkbox"/>	<input type="checkbox"/> Lease Agreement
FINANCING OR LEASE TERMS FOR REPLACEMENT VEHICLE (Method of financing or lease terms for replacement vehicle, CHECK ONE)				
Purchase: <input type="checkbox"/> Cash Purchase <input type="checkbox"/> Regular Financing <input type="checkbox"/> Lease Purchase Financing (lease-to-own; equipment will be purchased and retained at the end of the lease). The lease agreement must include a binding commitment for the applicant to pay any remaining costs and to take ownership of the equipment. Without this binding commitment, the agreement will be considered a lease rather than a purchase.				
Lease: <input type="checkbox"/> Equipment will be returned at the end of the lease. The lease must extend for at least the activity life of the contract				
Explain the terms of the agreement, including amount financed, the length (months), and amount per payment below:				
Note: The grant may only be used to reimburse principal amounts or lease payments already made (and not including interest or finance charges) and/or upfront downpayments on the purchase or lease. Your grant reimbursements may not be used to prepay future lease payments.				
Enter below the information about the NEW vehicle or equipment and engine purchased.				
Equipment manufacturer, model year, model, and VIN or serial number	Engine manufacturer, model year, model, and serial number	Engine test group (family code) 12-digit alphanumeric found on engine S/N plate	Date NEW vehicle or equipment placed in service	

Texas Commission on Environmental Quality
Texas Emissions Reduction Plan (TERP)

SAMPLE FORM 2a: REPLACEMENT ACTIVITY—Detailed Expense Summary

A FORM 2a WILL NEED TO BE COMPLETED FOR EACH ACTIVITY IF THERE ARE MULTIPLE ACTIVITIES				
CONTRACT NUMBER	GRANT RECIPIENT NAME	Final Request This Activity		ACTIVITY NUMBER
582-11-XXXXX-XXXX	GRANTEE NAME as on the Contract	Yes	X No	001
1. APPROVED GRANT AMOUNT FOR THIS ACTIVITY FROM APPLICATION				\$ 75,000.00
2. ACTUAL INCREMENTAL COST CALCULATION: (Formula A + B – C = D and D × 0.80 = E)				
A. Capital Cost / Equipment Purchase: <i>Enter the invoiced price (including taxes, registration, and other normal costs, but NOT any interest expense, loan application fees, application assistance costs, or consulting fees).</i>				\$ 125,000.00
				(+ ADD)
B. Other / Global Positioning Systems (GPS): Purchase and Installation are optional. <i>Enter the cost to purchase and install the GPS to track and log the location and use of the vehicle. Ongoing operational and maintenance charges may not be included. The GPS unit must have been purchased from the vendor authorized and contracted to the TCEQ.</i>				
				(– SUBTRACT)
C. Scrapage value or the value received for the old vehicle or equipment being replaced: <i>The TCEQ will use a default scrap value of \$1,000 for on-road and off-road equipment as stipulated in the contract. Enter \$1,000 in this box.</i>				\$ 1,000.00
				(Enter \$1,000.00 in this box)
				(– SUBTRACT)
D. List the value of any other financial assistance to be used for the purchase or lease, and explain in detail: <i>The incremental cost must be reduced by the value of any other financial incentive received, including tax credits or deductions, other grants, or any other public financial assistance.</i>				\$ -
				(A + B – C – D = E)
E. Incremental Cost (A + B – C – D = E) <i>multiply incremental cost by 80%</i>				\$ 124,000.00
				(× 0.80)
F. ELIGIBLE REPLACEMENT PROJECT COSTS FOR THIS ACTIVITY				\$ 99,200.00
3. AMOUNT REQUESTED FOR THIS ACTIVITY (enter the lesser amount from Line 1 or Line 2F)				\$ 75,000.00
4. DOCUMENTATION / Attach bills of sale, invoices, delivery receipts, proof of payment (canceled checks or wire transfers), executed (signed) lease or financing agreement copies, and UCC1 statements (reference Article 7.9 of the Contract General Conditions for details).				
A PAYMENT CANNOT BE PROCESSED UNTIL YOU HAVE SUBMITTED THE REQUIRED DOCUMENTATION.				
Please check the following documentation items that you are submitting with this request of reimbursement				
<u>Purchase Documentation</u>		<u>Payment Documentation</u>		<u>Financial Documentation</u>
<input checked="" type="checkbox"/> Invoice(s)	<input type="checkbox"/>	<input type="checkbox"/> Copies of Canceled Checks	<input checked="" type="checkbox"/>	<input type="checkbox"/> Financial Agreement
<input checked="" type="checkbox"/> Bill of Sale (Sales Contract)	<input type="checkbox"/>	<input type="checkbox"/> Wire Transfer	<input type="checkbox"/>	<input type="checkbox"/> Lease Agreement
FINANCING OR LEASE TERMS FOR REPLACEMENT VEHICLE (Method of financing or lease terms for replacement vehicle, CHECK ONE)				
Purchase: <input type="checkbox"/> Cash Purchase <input checked="" type="checkbox"/> Regular Financing <input type="checkbox"/> Lease Purchase Financing (lease-to-own; equipment will be purchased and retained at the end of the lease). The lease agreement must include a binding commitment for the applicant to pay any remaining costs and to take ownership of the equipment. Without this binding commitment, the agreement will be considered a lease rather than a purchase.				
Lease: <input type="checkbox"/> Equipment will be returned at the end of the lease. The lease must extend for at least the activity life of the contract				
Explain the terms of the agreement, including amount financed, the length (months), and amount per payment below:				
Financed \$50,000.00 for 48 months with payments of \$X,XXX.XX per month. A copy of the signed loan is attached. Grant payment is assigned to the equipment dealership.				
Note: The grant may only be used to reimburse principal amounts or lease payments already made (and not including interest or finance charges) and/or upfront downpayments on the purchase or lease. Your grant reimbursements may not be used to prepay future lease payments.				
Enter below the information about the NEW vehicle or equipment and engine purchased.				
Equipment manufacturer, model year, model, and VIN or serial number	Engine manufacturer, model year, model, and serial number	Engine test group (family code) 12-digit alphanumeric found on engine S/N plate	Date NEW vehicle or equipment placed in service	
Year, Equipment Manufacturer, Equipment Model Number, VIN or S/N	Year, Engine Manufacturer, Engine Model Number, Engine S/N	Example Format: 1(##) 4(Alpha) 4(##) 3 (Alpha)	MM/DD/YR (First date equipment is used for work)	

Texas Commission on Environmental Quality
Texas Emissions Reduction Plan (TERP)

Form 2b: REPOWER ACTIVITY—Detailed Expense Summary

A FORM 2b WILL NEED TO BE COMPLETED FOR EACH ACTIVITY IF THERE ARE MULTIPLE ACTIVITIES				
CONTRACT NUMBER	GRANT-RECIPIENT NAME	FINAL REQUEST THIS ACTIVITY		ACTIVITY NUMBER
		Yes	No	
1. APPROVED GRANT AMOUNT FOR THIS ACTIVITY FROM APPLICATION				
2. ACTUAL INCREMENTAL COST CALCULATION				
The following list identifies the reimbursable and non-reimbursable costs to assist in completing the section below.				
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Reimbursable Expenses:</p> <p>Costs that may be reimbursed, subject to approval by the TCEQ, include:</p> <ol style="list-style-type: none"> Invoice cost of the new engine, including sales tax and delivery charges. Invoice cost of additional parts directly needed to install the new engine. Installation costs, including cost to remove and dispose of the old engine. Reengineering costs, if the vehicle or equipment must be modified for the new engine. </div> <div style="width: 48%;"> <p>Non-Reimbursable Expenses:</p> <ol style="list-style-type: none"> Expenses for in-house labor and travel. Expenses not directly related to the purchase and installation of the new engine. Ancillary repair and rebuild costs. Long-term operational, maintenance, or repair costs. Interest or loan fees, application costs, and consulting fees. </div> </div>				
<p>The final invoices or sales receipts should total to the amounts entered on Lines A1, A2, A3, A4, and B below.</p> <p>The repower must be completed and the vehicle placed back in service before reimbursement can be requested.</p>				
A. Capital cost of engine:				
1. ENGINE —Invoiced cost of new engine, including taxes, duty, protective in-transit insurance, and freight charges. No loan fees, interest, consultant charges, or financing costs.				\$ -
				(+ ADD)
2. ADDITIONAL EQUIPMENT —Invoiced cost of additional parts installed on engine with an acquisition cost of \$5,000 or more and necessary for the completion of the repower.				\$ -
				(+ ADD)
3. INSTALLATION —Installation costs, including the cost to remove and dispose of the old engine. Installation costs may include costs to reengineer the vehicle for the new engine to fit. Technical design, testing, and other engineering services required as part of the installation work should also be listed in this category.				\$ -
				(+ ADD)
4. PARTS AND SUPPLIES —Invoiced cost of materials not included as part of the engine with an acquisition cost of less than \$5,000 per item that are necessary for the repower.				\$ -
				(+ ADD)
B. Other: global positioning system (GPS)—purchase and installation are optional. Enter the invoiced cost to purchase and install the GPS to track and log the location and use of the vehicle. Ongoing operational and maintenance charges may not be included. The GPS unit must have been purchased from the vendor authorized and contracted to the TCEQ.				\$ -
				(– SUBTRACT)
C. Scrappage value or value received for the old engine being replaced: The TCEQ will not accept a reimbursement request that does not list a reasonable value for the old engine.				\$ -
				(– SUBTRACT)
D. List the value of any other financial assistance received to assist with this project. The incremental cost must be reduced by the value of any other financial incentives received including any tax credits, discounts, other grants, or any other public financial assistance. Please explain in detail the sources of any incentives on an attached sheet.				\$ -
				(A1 + A2 + A3 + A4 + B – C – D = E)
E. ACTUAL INCREMENTAL COST FOR THIS ACTIVITY (A1 + A2 + A3 + A4 + B – C – D = E)				\$ -
3. REIMBURSEMENT AMOUNT REQUESTED (lesser of Line 1 or Line 2E)				\$ -
4. DOCUMENTATION: Attach bills of sale, invoices, delivery receipts, proof of payment (canceled checks or wire transfers), executed (signed) lease or financing agreement copies, and UCC1 statements (reference Article 7.9 of the contract general conditions for details). A PAYMENT CANNOT BE PROCESSED UNTIL YOU HAVE SUBMITTED THE REQUIRED DOCUMENTATION.				
Please check the following documentation items that you are submitting with this request for reimbursement.				
<u>Purchase Documentation</u>		<u>Payment Documentation</u>		<u>Financial Documentation</u>
<input type="checkbox"/> Invoice(s)	<input type="checkbox"/> Copies of Canceled Checks	<input type="checkbox"/> Financial Agreement		
<input type="checkbox"/> Bill of Sale (Sales Contract)	<input type="checkbox"/> Wire Transfer	<input type="checkbox"/> Lease Agreement		
5. Enter below the information about the NEW engine purchased:				
Engine manufacturer, model year, model, and serial number	Engine test group (family code) 12-digit alphanumeric, found on engine S/N Plate	Date NEW engine placed into service	The new engine has been installed and is in operational condition (Yes / No)	

Texas Commission on Environmental Quality
Texas Emissions Reduction Plan (TERP)

SAMPLE Form 2b: REPOWER ACTIVITY—Detailed Expense Summary

A FORM 2b WILL NEED TO BE COMPLETED FOR EACH ACTIVITY IF THERE ARE MULTIPLE ACTIVITIES				
CONTRACT NUMBER	GRANT RECIPIENT NAME	FINAL REQUEST THIS ACTIVITY		ACTIVITY NUMBER
582-11-XXXXX-XXXX	GRANTEE NAME as on the Contract	Yes	x No	002
1. APPROVED GRANT AMOUNT FOR THIS ACTIVITY FROM APPLICATION				\$ 75,000.00
2. ACTUAL INCREMENTAL COST CALCULATION				
The following list identifies the reimbursable and non-reimbursable costs to assist in completing the section below.				
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>• <u>Reimbursable Expenses:</u> Costs that may be reimbursed, subject to approval by the TCEQ, include:</p> <ol style="list-style-type: none"> Invoice cost of the new engine, including sales tax and delivery charges. Invoice cost of additional parts directly needed to install the new engine. Installation costs, including cost to remove and dispose of the old engine. Re-engineering costs, if the vehicle or equipment must be modified for the new engine. </div> <div style="width: 48%;"> <p>• <u>Non-Reimbursable Expenses:</u></p> <ol style="list-style-type: none"> Expenses for in-house labor and travel. Expenses not directly related to the purchase and installation of the new engine. Ancillary repair and rebuild costs. Long-term operational, maintenance, or repair costs. Interest or loan fees, application costs, and/or consulting fees. </div> </div>				
<p>The final invoices or sales receipts should total to the amounts entered on Lines A1, A2, A3, A4, and B below. The repower must be completed and the vehicle placed back in service before reimbursement can be requested.</p>				
A. Capital cost of engine:				
1. ENGINE —Invoiced cost of new engine, including taxes, duty, protective in-transit insurance, and freight charges. No loan fees, interest, consultant charges, or financing costs.				\$ 42,000.00
				(+ ADD)
2. ADDITIONAL EQUIPMENT —Invoiced cost of additional parts installed on engine with an acquisition cost of \$5,000 or more and necessary for the completion of the repower.				\$ 7,500.00
				(+ ADD)
3. INSTALLATION —Installation costs, including the cost to remove and dispose of the old engine. Installation costs may include costs to reengineer the vehicle for the new engine to fit. Technical design, testing, and other engineering services required as part of the installation work should also be listed in this category.				\$ 25,000.00
				(+ ADD)
4. PARTS AND SUPPLIES —Invoiced cost of materials not included as part of the engine with an acquisition cost of less than \$5,000 per item that are necessary for the repower.				\$ 500.00
				(+ ADD)
B. Other: Global positioning system (GPS)—purchase and installation are optional.				
Enter the invoiced cost to purchase and install the GPS to track and log the location and use of the vehicle. Ongoing operational and maintenance charges may not be included. The GPS unit must have been purchased from the vendor authorized and contracted to the TCEQ.				
				(– SUBTRACT)
C. Scrappage value or value received for the old engine being replaced:				
The TCEQ will not accept a reimbursement request that does not list a reasonable value for the old engine.				\$ 5,000.00
				(– SUBTRACT)
D. List the value of any other financial assistance received to assist with this project.				
The incremental cost must be reduced by the value of any other financial incentives received including any tax credits, discounts, other grants, or any other public financial assistance. Please explain in detail the sources of any incentives on an attached sheet.				\$ -
				(A1 + A2 + A3 + A4 + B – C – D = E)
E. ACTUAL INCREMENTAL COST FOR THIS ACTIVITY (A1 + A2 + A3 + A4 + B – C – D = E)				\$ 70,000.00
3. REIMBURSEMENT AMOUNT REQUESTED (lesser of Line 1 or Line 2E)				\$ 70,000.00
4. DOCUMENTATION: Attach bills of sale, invoices, delivery receipts, proof of payment (canceled checks or wire transfers), executed (signed) lease or financing agreement copies, and UCC1 statements (reference Article 7.9 of the Contract General Conditions for details). A PAYMENT CANNOT BE PROCESSED UNTIL YOU HAVE SUBMITTED THE REQUIRED DOCUMENTATION.				
Please check the following documentation items that you are submitting with this request for reimbursement.				
<u>Purchase Documentation</u>		<u>Payment Documentation</u>		<u>Financial Documentation</u>
<input checked="" type="checkbox"/> Invoice(s)	<input checked="" type="checkbox"/> Copies of Canceled Checks	<input type="checkbox"/> Financial Agreement		
<input type="checkbox"/> Bill of Sale (Sales Contract)	<input type="checkbox"/> Wire Transfer	<input type="checkbox"/> Lease Agreement		
5. Enter below the information about the NEW engine purchased:				
Engine manufacturer, model year, model, and serial number	Engine test group (family Ccode) 12-digit alphanumeric, found on engine S/N plate	Date <u>NEW</u> engine placed into service	The new engine has been installed and is in operational condition (Yes / No)	
Year of Engine Engine Manufacturer Engine Model Year Engine S/N	Sample Format of Digits in EPA Code 1(#) 4(Alpha) 4(#) 3(Alpha)	MM/DD/YR (date equipment is returned to work)	YES	